

NOTICE OF AUTHORIZED SERVICES

Date: Nov 10, 2011
Subscriber: Robert McClorey
Certificate No.: 930699731
Patient: Jacqueline McClorey
Service Provider:
Start of Care Date: Nov 08, 2011
Reference No.: 0004294404
Coverage Type: Medical

George G Giovannone, PT
1219 Dolsontown Rd
Middletown, NY 10940

Dear Provider,

The Coordinated Care Department received a request to authorize Physical/Occupational Therapy service(s) for the patient named above. We have authorized the following services:

Physical Therapy:

16 Visits

From

Nov 08, 2011

To

Dec 31, 2011

Treatment must be continuous for this particular episode of care and authorized visits must be utilized within the time period specified in this determination. Once a total of 32 visits (including base benefit) have been authorized for a particular treatment area, no additional services will be authorized unless accompanied by a copy of a current prescription from the treating physician which must include diagnosis, frequency and duration of therapy. A prescription must also accompany any requests for services for new treatment areas.

This authorization is a determination of medical necessity only. It applies only to the specific provider and service(s) shown above. Authorization does NOT guarantee payment of benefits for these services. Payment depends on the member's plan on the date(s) the services are provided. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description. Examples of coverage limits/exclusions include copay charges, deductibles and coinsurance; annual, lifetime or episodic maximums; and pre-existing conditions.

In addition, any benefits pursuant to this authorization will be determined in accordance with the participation status of the provider(s) at the time of the service. The cost sharing and coverage terms that apply to the service(s) may vary depending upon the provider's participation status and the terms of the member's plan. If the member's plan does not include an out of network benefit for a particular service(s), the member will be responsible for 100% of the cost of such service(s) if it is performed by a non-participation provider. To confirm provider participation status, please visit GHI's website at www.GHI.com.

If you have any questions, please call Coordinated Care at 800-223-9870, prompt 6. If you require additional services, please fax the clinical information to 212-946-7514.

Please use the reference number shown above in all communications.

Sincerely,

Case Manager
GHI, Coordinated Care Department

Note: The patient and doctor make the final decision about medical treatment.

cc: Jacqueline McClorey

Ver: 04/25/11

McCloskey, Jacqueline

CONTINUATION SHEET

Ahmad

RV

OV (1) Shoulder arthroscopy / SCAP repair

10/25/11 See EVAL Jerry Hansen MD

11/8/11

S - close intra (1) ball and (2) scapula
O - MHA prep to (2) scapula x15, Scap system, Exp
E - scapula for bony addition of anterior 3x10, ball cc against
well for warm on/warm off and overhead raise
S - scapula scapula ball fillers 2 vertical resistance, ball squeeze 1x10
will push up 2x10 against ball on well, A and MHA in
I - Study: Proximal ball for scapula and sled elevation
R - well

11/11/11

S - no Δ's noted today
O - knee chair, chisel 450 x 4 in to 900 rpm
A - T2 well
R - well

11/14/11

S - no new clots, still 2 stability in T2 scapula
O - MHA prep to (2) scapula, thick 4 x 10
d post 1x10
R - well

11/17/11

S: P. Thomsen
O: TX 60 above
A: Pt able to stabilize scapula during closed chain
activities but needed tactics cues during open chain
P: Ant Alibyte

11/21/11

MHA

11/24/11

S - No Δ's
O - MHA prep to (2) scapula x15, Pre to per sts, chlon
A - well
R - well

11/29/11

S: P. Thomsen
O: MHA prep to (2) scapula and (2) shld
therexert's 1x10 post tx
A: T2 well no complaints of pain

McCloskey,

Language line

Ahmad

12/1/11

S: PT reports soreness (L) shld

O: MHT premod x 15' to (L) shld + (L) scapula (medial border)
therex perfis, CPX 10' to (L) shld

A: PT to tx well

P: cont. Alison Hoxley PT

12/5/11

S: PT reports continued pain/soreness (L) shld

O: tx as above

A: PT to tx well, fatigues easily in mid-lower trap during therex

P: cont. Alison Hoxley PT

12/12/11

CX (KR)

12/13/11

PT CX (KR)

12/19/11

S: PT reports her shld is feeling OK, about the same, missed last week 2 to illness

O: MHT premod x 15' to (L) shld + (L) scap (medial border)
therex perfis, CPX 10' to (L) shld

A: PT to tx well

P: cont. Alison Hoxley PT

12/22/11

S: PT reports continued pain (L) shld + (L) scap (medial border)

O: tx as above

A: PT to tx well

P: cont. Alison Hoxley PT

12/27/11

NIS (KR)

12/29/11

S: PT c. Onew dls

O: MHT premod x 15' to (L) shld + (L) medial scap border
therex perfis, CPX 10' (L) shld

A: PT to tx well

P: cont. Alison Hoxley PT

1/3/12

S: PT c. Onew dls

O: tx as above

A: Improved strength noted manual resistance exercises

P: cont. Alison Hoxley PT

1/5/12

S: PT reports rd pain (L) ant. shld yesterday, cannot relate it to any specific activity

O: MHT premod x 15' to (L) shld + (L) med. scap border, therex perfis, CPX 10' (L) shld

A: PT to tx well

P: cont. Alison Hoxley PT

1/10/12

S: PT c. Onew dls

McCloy, Jacqueline

Ahmad

1/12/12 S: Pt 2 ~~status~~ report of med (L) shld pain and weakness of (L) med inferior scapula while carrying a tray @ work.
 O: MH + premod x 15 to (L) med scap border and (L) shld (2 chams) therapy parts, CP x 10' (L) shld
 A: Pt to TX well.

P: cont Alison Hargreaves
 1/17/12 S: Pt 2 @ new dx, still has a lot of pain (L) shld / (L) scap area
 O: TX as above
 A: Pt to TX well, still demonstrates weakness and excessive scapular motion during 1st 30° of active elevation / abd
 P: cont Alison Hargreaves

1/19/12 S: Pt 2 @ new dx, still has pain (L) shld / scap
 O: MH + premod x 15 to (L) shld + (L) med scap border, therapy parts, tossing softball x 10 reps (20 ft), CP x 10' (L) shld. (bave
 pt progress note for visit to surgeon 1/30/12
 A: Pt to TX well

P: cont per med Alison Hargreaves

Reviewed and Considered
 in A-
 1/27/12
 Dekeog



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 06/07/2010

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REFERRAL SOURCE:

Jennifer Solomon, Hospital for Special Surgery.

CHIEF COMPLAINT:

Left shoulder instability.

HISTORY:

The patient is a 15-year-old female extremely active in multiple sports, her primary being softball as a pitcher, also plays flag football who has had almost a full year of left shoulder pain with instability that has persisted despite nonoperative treatment with at least 3 months of physical therapy. She explains that her shoulder moves out of position and goes back in, and she is now unable to do routine activities such as lifting overhead without the symptoms. She also develops numbness sensation on occasion that affects all her digits and goes from her shoulder down her arm. She has undergone an MRI scan and is presenting for another evaluation.

Further details of past medical history, past surgical history, review of systems, medications, and family history were reviewed and outlined on the chart.

PHYSICAL EXAMINATION:

Exam reveals a healthy appearing female, alert and oriented x3. Mood is appropriate. Ambulates with a slow steady gait. The right shoulder has full range of motion, normal sensation, 5 out of 5 motor strength, 2+ radial pulse. Skin is intact. No edema. No instability. There is generalized ligamentous laxity with elbow recurvatum, metacarpal hyperextension, and thumb to radius.

Left shoulder with active forward elevation dislocates posteriorly and then spontaneously reduces. The dislocation can be prevented with manual assistance, and external rotation is 70, internal rotation is T10, and there is weakness to forward elevation, external rotation. In the supine position, is grade 3 posterior translation, grade 2 anterior, 1 cm Sulcus.

X-RAYS:

By report, MRI reveals large patulous capsule.

IMPRESSION:

Left shoulder voluntary multidirectional instability, posterior major component.

PLAN:

Left shoulder diagnostic arthroscopy exam under anesthesia, capsulorrhaphy with regimented discipline postoperatively, immobilization, and therapy.

Reviewed and Considered
Date 2/2/11
2015/07/17
15/25



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Patient: JACQUELENE MCCLOREY

MRN: 5713245

DOB: 04/06/1995

I had a lengthy discussion with the patient regarding her condition and treatment options, especially in the setting of the voluntary component and the need for being a thrower in softball with high demands and the difficult problem. They understand the potential for failure.

I discussed the treatment options with Jacqueline McClorey including:

- 1) Living with the symptoms.
- 2) Continued non-operative management.
- 3) Surgical intervention.

After going over these options, Jacqueline McClorey would like to proceed with surgery. We reviewed the risks, benefits, and alternatives associated with surgery in detail with the risks to include but not limited to the following:
Risk of anesthesia, infection; nerve/tendon/vessel injury; shoulder stiffness, failure of the labral to heal or re-tear; hardware-related problems, discovery of additional pathology, potential of the procedure to not alleviate the condition; and the potential need for further surgery in the future.

After going over these risks, benefits, alternatives and need for post-operative rehabilitation, Jacqueline McClorey would like to proceed with surgery. All of her questions were answered satisfactorily.

Electronically signed by: CHRISTOPHER AHMAD M.D. Jun 7 2010 4:31PM EST



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Patient: JACQUELENE MCCLOREY
Operative Note

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 08/16/2010

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New York Presbyterian Hospital - Columbia Operative Report

NAME: MCCLOREY, JACQUELINE
MRN: 5713245

ATT:

DICT: Christopher Ahmad, M.D.

Admit Date:

Discharge Date:

Procedure Date: 08/16/2010

SURGEON: CHRISTOPHER AHMAD, M.D.

PREOPERATIVE DIAGNOSIS:
LEFT SHOULDER INSTABILITY.

POSTOPERATIVE DIAGNOSIS:
LEFT SHOULDER INSTABILITY.

OPERATION:

LEFT SHOULDER ARTHROSCOPIC LABRAL REPAIR AND CAPSULORRHAPHY.

ASSISTANT:

DR. STEPHANIE HSU

DR. BRIAN SHULTZ

ANESTHESIA:

General.

COMPLICATIONS:

None.

ESTIMATED BLOOD LOSS:

Scant.

IMPLANTS:

Included 4 Arthrex 2.4 Bio-Composite suture tacks.

FINDINGS AT SURGERY:

Exam under anesthesia was significant for grade 3 posterior instability and grade 2 anterior instability, 1-cm sulcus, and there were intact chondral surfaces and intact rotator cuff.

INDICATIONS:

The patient has had a long history of left shoulder pain associated with a voluntary component of instability and infection, could not raise her arm without her shoulder subluxing and reducing. Options of nonoperative as well as operative treatments, benefits and alternatives associated with surgery were discussed at great length with the patient and her family, and they understood the risks include, but not be limited to



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Patient: JACQUELENE MCCLOREY

MRN: 5713245

DOB: 04/06/1995

nerve injury, artery injury, stiffness, infection, persistent pain, anesthesia-related risk, need for rehabilitation, potential for incomplete pain relief, and potential for failure especially in the setting of the voluntary component. Understanding all this, they wished to go forward with surgery.

PROCEDURE:

The patient was met in the holding area and the operative site was confirmed. Informed consent was reviewed. She was brought into the operating room, general anesthesia was established, and then the patient was placed in the lateral decubitus position. Axillary roll was placed and padding was used to relieve pressure on the peroneal nerve and all bony prominences. Left upper extremity was prepped and draped in a standard surgical fashion. A time-out was performed according to hospital protocol.

Exam under anesthesia revealed the above-noted findings. A posterior portal was established and diagnostic arthroscopy revealed the above-noted findings. An anterior working portal was established. There was huge posterior-inferior capsular redundancy with cracking of the labrum in that area. A rasp was used to abrade the local capsule and then 4 anchors were placed percutaneously at the 6 o'clock position, then one 5 mm anterior, and then two 5 mm and 10 mm posteriorly. Once in, their imbrications of capsule were then placed using standard suture-passing techniques and the capsule was then tied with excellent elimination of the inferior, posterior, and mild anterior redundancy.

The shoulder was suctioned dry. Portals were closed with 4-0 nylon. Sterile dressings were applied. The patient was taken to the recovery room in stable condition. No complications.

DD: 08/16/2010
DT: 08/16/2010
MDQ/168309
168309050816

CHRISTOPHER S AHMAD
ELECTRONICALLY SIGNED 9/2/2010 8:05



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Patient: JACQUELENE MCCLOREY
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DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 08/31/2010

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DATE OF SURGERY:
08/16/2010.

HISTORY:

Jacqueline is here for followup, and she is 15 days status post left shoulder arthroscopic labral repair and capsulorrhaphy. Denying problems with numbness and tingling.

PHYSICAL EXAMINATION:

Wounds are well healed. Sutures are removed. Steri-Strips are applied. External rotation is 30, forward elevation is 60 without difficulty. 2+ radial pulse. Skin is intact.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Home exercises for elbow, wrist. We will avoid physical therapy to allow further healing, and she will follow up in two to three weeks and consider initiation of therapy at that time.

Electronically signed by: CHRISTOPHER AHMAD M.D. Sep 17 2010 11:07AM EST



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 6713245
Date of Visit: 09/16/2010

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HISTORY:

Jacqueline is here for followup 4-1/2 weeks status post a left shoulder labral repair and capsulorrhaphy. Denying problems with numbness and tingling, using a brace, back to school.

PHYSICAL EXAMINATION:

External rotation 60, forward elevation 120, 2+ radial pulse. Skin is intact. No edema. No instability and well-healed incisions.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Continued sling immobilization. She will begin therapy in two weeks and avoid stretching, focusing on strengthening.

Electronically signed by: CHRISTOPHER AHMAD M.D. Sep 17 2010 11:08AM EST



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 08, 1995
MRN: 5713245
Date of Visit: 10/11/2010

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HISTORY:

Jacqueline is here for follow up. She is 2 months status post a left shoulder labral repair, capsulorrhaphy. She is back in school. She is doing well with physical therapy.

PHYSICAL EXAMINATION:

External rotation to 60. Forward elevation 160. 2+ radial pulse. Skin is intact. No edema. No instability.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy, weaning from the sling. Follow up in 6 weeks.

Electronically signed by: CHRISTOPHER AHMAD M.D. Oct 29 2010 4:24PM EST



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Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN:5713245
Date of Visit:11/22/2010

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HISTORY:

Jacqueline is here for follow up. She is three months status post a left shoulder arthroscopic repair and capsulorrhaphy. Denying problems of numbness and tingling. Back in school and she is very satisfied with the result. No episodes of instability.

Further details of the past medical history, past surgical history, review of systems, medications and family history are reviewed and outlined in the chart.

PHYSICAL EXAMINATION:

Exam reveals a healthy appearing female alert and oriented times three. Mood and affect appropriate. She is ambulating in a slow steady gait. Left shoulder has forward elevation to 160, external rotation to 60 to external rotation T10. Normal sensation. 2+ radial pulse. Skin is intact. No edema. No instability. Negative posterior apprehension.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy. Transition to home exercise program. Follow up in six weeks.

Electronically signed by:CHRISTOPHER AHMAD M.D. Jan 4 2011 10:21AM EST



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CHRISTOPHER AHMAD M.D.

NY ORTHOPAEDIC HOSPITAL ASSOC., P.C.

Columbia Orthopaedics
622 West 168th Street, PH111
New York, NY 10032

www.nyorthopaedic.com

Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 01/05/2011

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HISTORY:

Jacqueline is here for followup. She is 4-1/2 months status post left shoulder arthroscopic repair and capsulorrhaphy. Denying problems with numbness and tingling. She is doing physical therapy. She is interested in softball this spring.

Further details of the past medical history, past surgical history, review of systems, medications, and family history have been reviewed and outlined on the chart.

PHYSICAL EXAMINATION:

Exam reveals healthy-appearing female. Alert and oriented x 3. Mood and affect are appropriate. She is ambulating with a nonantalgic gait. The left shoulder has forward elevation 175, external rotation is 80, internal rotation T6. Radial pulse 2+. Skin is intact. No edema. No instability. Negative posterior apprehension.

IMPRESSION:

Doing well status post above surgery.

PLAN:

The plan is for continued physical therapy. She will follow up in 2 months.

Electronically signed by: CHRISTOPHER AHMAD M.D. Feb 3 2011 12:27PM EST



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CHRISTOPHER AHMAD M.D.

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622 West 168th Street, PH11
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www.nyorthopaedic.com

Patient: JACQUELENE MCCLOREY
Office Visit

DOB: Apr 06, 1995
MRN: 5713245
Date of Visit: 03/17/2011

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HISTORY:

Jacqueline is here for followup seven months status post a left shoulder arthroscopic stabilization. Denying positive numbness and tingling, completely pain free, and no episodes of instability. She is interested in throwing.

Further details of the past medical history, past surgical history, review of systems, medications, family history are reviewed and outlined in the chart.

PHYSICAL EXAMINATION:

A healthy-appearing female. Alert and oriented times three. Mood and affect appropriate. She is ambulating with a nonantalgic gait. The left shoulder has forward elevation 175, external rotation 80, internal rotation T6. In abduction, external rotation 90, internal rotation 70. Radial pulse 2+. Skin is intact. No edema. No instability. There is excellent strength.

IMPRESSION:

Doing well status post above surgery.

PLAN:

Initiation of throwing program, and she will follow up in two months if necessary.

Electronically signed by: CHRISTOPHER AHMAD M.D. Mar 21 2011 3:38PM EST



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ColumbiaDoctors Orthopedics - Presbyterian Hospital

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Patient: MCCLOREY, JACQUELENE
4 AVILON DRIVE
GOSHEN, NY 10924

Age/Sex/DOB: 20 yrs F 06-Apr-1995
EMRN: IDX04038756
OMRN: IDX04038756
Home: (845) 294-9319
Work:

Results

Lab Accession # 917436-DXSHLDR2VL1106200
Ordering Provider: AHMAD, CHRISTOPHER
Performing Location:

Collected: 06/20/2011 10:20:00AM
Resulted: 06/20/2011 10:36:00AM
Verified By: AHMAD, CHRISTOPHER
Auto Verify: N

XR: Shoulder 2 or More Views Left

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
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DIAGNOSTIC SHOULDER 2 VIEWS LEFT

EXAM:

DIAGNOSTIC SHOULDER 2 VIEWS LEFT

CLINICAL INFORMATION:

718.01 ARTICULAR CARTILAGE DISORDER INVOLVING SHOULDER REGION

- Articular cartilage disorder, shoulder region

DESCRIPTION:

pain

CLINICAL INFORMATION:

Pain

Five radiographs of the left shoulder dated 6/20/2011, 10: 05 are submitted. Rounded lucencies with sclerotic margins within the humeral head and glenoid represent changes from orthopedic procedures. There is no evidence of acute fracture or dislocation.

← NEVER DISLOCATED ANY JOINTS →

IMPRESSION:

Postoperative changes

DICTATED BY: Ruzal-Shapiro, Carrie

ATTENDING RADIOLOGIST: Ruzal-Shapiro, Carrie

REFERRING DOCTOR: AHMAD, CHRISTOPHER SHAHNAWAZ

DICTATED: 06/20/2011

RADNUM: 917436

ELECTRONICALLY SIGNED BY: Ruzal-Shapiro, Carrie on 06/20/2011 10:36:42